STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G116	A. BUILDING _____ B. WING _____	03/10/2009

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MY OWN PLACE	121 TUCKERMAN ST, NE WASHINGTON, DC 20011

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W 000	INITIAL COMMENTS A recertification survey was conducted on March 10, 2009, utilizing the fundamental survey process. A random sampling of two male clients was selected from the residential population of four men with varying degrees of disabilities. The survey findings were based on observations in the group home and at two day programs, interviews with staff and the review of clinical and administrative records including the facility's unusual incident reports.	W 000	Received 4/6/09 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
W 112	483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure the confidentiality of personal information, for four of the four clients (Client #1, #2, #3, and #4) residing in the facility. The findings include: Interview with the facility's House Manager (HM) on March 10, 2009, at approximately 4:23 PM revealed that the client's diets were posted on the refrigerator. The surveyor observed the client's diets posted openly on the refrigerator door in the kitchen. The diet chart listed the specialized, prescribed diets with each of the client's individual names. At the time of the survey, the facility failed to ensure confidentiality of each of the client's individual prescribed diet orders.	W 112	W112 To ensure privacy the information on the individual's full names have been removed from the dietary information sheet and replaced with initials only. The QMRP/Residence Manager will ensure that information containing confidential/private information is maintained in a accessible, but private manner.	3.15.09 - Ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Chief Executive Officer — (X6) DATE: 4/6/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that outside services met the needs of one of the two clients (Client #2) included in the sample. The finding includes: A day program visit was conducted on March 10, 2009, beginning at 9:30 AM. Interview with Client #2's day program case manager revealed that the client had not arrived yet. Continued interview with the case manager revealed Client #2 participates in several counseling activities to teach him how to relate to his peers. Other activities included problem solving and community outings. According to the case manager the day program's focus was to teach the clients how to get along with other people. During the interview with the case manager it was revealed that Client #2 did not have an Individual Program Plan (IPP). The case manager (day program) was questioned if a comprehensive assessment had been conducted to assess Client #2's needs. He indicated that an assessment had been conducted when the client first started in the program, (approximately a year ago), however, he was unable to tell the surveyor what recommendations were made to address the client's needs. Review of Client #2's day program habilitation	W 120	W120 The consultant QMRP and DDS Service Coordinator and Director of Programs and Quality visited the existing day program and recommended modifications as necessary to better address client#2's needs. In addition, the DDS Service Coordinator has agreed to conduct weekly monitoring visits in conjunction with the Consultant QMRP and/or Director of Programs and Quality to ensure that the appropriate supports and/or ISP recommendations, per IDT consensus are being implemented for Client#2. On an ongoing basis, QMRP will visit the day programs monthly and/or as necessary to ensure that the needs of the individuals are being met. Alternative day program opportunities will be explored if deemed necessary documentation of the day program visits will continue to be incorporated into the QMRP monthly notes.	3.13.09-Ongoing

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W 120	Continued From page 2 record revealed no evidence that the client had been assessed. The case manager showed the surveyor a copy of the client's "Community Activity Schedule (CAS)." The review of the CAS revealed "Safety Issues, Medication Complainant & Health Education were the topics scheduled to be discussed at 10:30 AM. At 10:22 AM, unknown to the surveyor, Client #2 had arrived and was observed standing with his coat on near a hallway in an open space area. Approximately ten to fifteen of his peers was observed to be sitting in this open space area with a TV on. At approximately 10:24 AM, the day program social worker was overheard announcing "group was about to start." Additionally, the social worker announced that they were going to continue the series on Post Traumatic Stress Disorder (PTSD). One of the day program staff asked Client #2 to have a seat and to take off his coat. The client was observed to take his coat off independently and to sit with his peers. The social worker asked the client what was two characteristics of PTSD? Although other clients were overheard participating in answering the questions, Client #2 seemed to have no interest in the group. It should be noted that the client was interested in a young lady sitting on the row with him. The Social Worker continued the group using a scenario, however failed to encourage Client #2 to participate in the discussion. Client #2 was observed to sit and stare at this young lady throughout the observation, and attempted to get her attention. As the surveyor was leaving the day program she overheard the social worker finally call Client #2's name to redirect his participation in the group discussion.	W 120	See Response to W120 on page 2 of 13.	

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W 120	Continued From page 3 Further interview with the day program case manager and review of Client #2's day program habilitation record revealed a monthly progress note dated December 31, 2008. According to the note, Client #2's level of active participation in "one to one sessions, groups and other program activities remain poor." Additionally, the note indicated that the client's level of communication, socialization and interaction with others continued to be fair in the course of this month. Interview with the Program Director and Quality Operations (DPQO)and acting QMRP on March 10, 2009 at approximately 3:00 PM revealed that the previous Qualified Mental Retardation Professional (QMRP) had identified that Client #2's current day program was not appropriate. The DPQO indicated that the former QMRP had talked with the client's case manager, however the case manager left prior to submitting a referral for another day program. Continued interview with the DPQO verified that Client #2 was in need of an alternative day program placement and proceeded to contact the client's current case manager to schedule a case conference. At the time of the survey, the facility failed to ensure Client #2's day program met his needs.	W 120	See Response to W 120 on page 2 of 13.	
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.	W 124	Response to W124 on page 5 of 13.	

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W 124	Continued From page 4 This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the rights of each client and/or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment, for two of the two clients (Clients #1 and #2) included in the sample. The findings include: 1. The facility failed to provide evidence that revealed Client #1's surrogate decision maker (family member) had been informed of his psychotropic medication prior to its use. Interview and record verification on March 10, 2009 at 9:30 AM revealed that Client #1 received Abilify and Lexapro medications to address his behaviors. Interview with the House Manager at 10:00 AM and the Acting Qualified Mental Retardation Professional (QMRP) on March 10, 2009 at 2:20 PM revealed that Client #1 was not capable of giving informed concent for the use of medications and habilitation services. The QMRP's statement was verified on March 10, 2009, at 2:45 PM through review of Client #1's Psychological Assessment dated February 24, 2009, and Behavior Support Plan (BSP) dated July 12, 2008. According to the reports, Client #1 was " not able to make independent decisions concerning his treatment plan, financial affairs, living arrangements, or day placement." The QMRP further revealed the client had family	W 124	W124 1. Written consent for continued use of psychotropic medications for Client #1 has been requested from their authorized representative. Once obtained, My Own Place will obtain consent annually thereafter and file evidence of consent in the individual's active medical records. 2. Written consent for continued use of psychotropic medications for Client #2 has been requested from their authorized representative (parents). Once obtained My Own Place will obtain consent annually thereafter and file evidence of consent in the individual's active medical records. In addition, My Own Place will insure that any changes proposed in the psychotropic drug regimens of Clients #1 and #2 are communicated to their legal representatives along with the risks and benefits of the change. In non-emergency situations, changes will not be made until consent is obtained.	4.15.09 4.15.09 Ongoing

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W 124	Continued From page 5 members to assist him in decision making. Review of the client's medical record and additional interview with the QMRP on March 10, 2009 failed to provide evidence that Client #1's treatment needs, including the benefits and potential side effects associated with his medications, and the right to refuse treatment, had been explained to him and/or a legally authorized representative. 2. The facility failed to ensure that informed consent was obtained from Client #2's legal guardian prior to the administration of his psychotropic medication. Observation of the medication administration on March 10 2009, beginning at 7:25 AM revealed Client #2 received medications including Haloperidol and Dival-proex sodium. Interview with the medication nurse on March 10, 2009, revealed the aforementioned medications were used to address the client's behaviors. Interview with the House Manager (HM) on March 10, 2009, at 7:38 AM revealed that Client #2 did not have the capacity to give informed consent for the use of medications and habilitation services. The HM's statement was verified on March 10, 2008, at 3:00 PM through review of Client 2's psychological assessment dated April 11, 2008. According to the assessment, Client #2 "is not competent to make independent decisions concerning his residential placement, day placement, financial affairs, or treatment plans. He lacks the cognitive and academic skills necessary to understand the implications of such and therefore cannot give his informed consent ." The HM further revealed the client's parents were his legal guardian and to assist him in decision making.	W 124	See Response to W124 on page 5 of 13.	

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W 124	Continued From page 6 At the time of the survey, the facility failed to provide evidence that informed consent was obtained from the client and/or legally authorized representative prior to the administration of his psychotropic medication.	W 124		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP). The findings include: 1. The QMRP failed to ensure that outside services met the needs for Client #2. [See W120] 2. The QMRP failed to ensure that informed consent was obtained from Clients #1 surrogate decision maker and #2's legal guardians prior to the administration of their psychotropic medication. [See W124]	W 159	W159 Reference response to W124 and W120	4.15.09
W 261	483.440(f)(3) PROGRAM MONITORING & CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in	W 261		

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W 261	Continued From page 7 contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility. This STANDARD is not met as evidenced by: Based on interview and review of the Human Rights Committee (HRC) minutes, the facility failed to ensure that persons with no ownership or controlling interest in the facility consistently participated on this committee for four of the clients (Client #1, #2, #3, and #4. The finding includes: Review of the Human Rights Committee (HRC) meeting minutes was conducted on March 10, 2009, at approximately 3:45 PM. According to the HRC minutes dated April 28, 2008, Client #1's Behavior Support Plan (BSP) was reviewed and approved. Review of the corresponding signature sheet failed to evidence that the facility's HRC committee included persons with no ownership or controlling interest. Interview with the Qualified Mental Retardation Professional (QMRP) on March 10, 2009, at approximately 4:00 PM, acknowledged the lack of a community representative present during the meeting.	W 261	W261 The composition of the Human Rights Committee was reconfigured effective 10/3/08. It now includes individuals with no ownership or controlling interest. A community representative is included in each meeting and is evidenced by the attendance sign-in sheet.	3.11.09-Ongoing
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on interview and record review, the	W 263		

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W 263	Continued From page 8 facility's specially-constituted committee failed to ensure that restrictive programs were used only after written consents had been obtained, for two of the two clients (Clients #1, and #2) included in the sample. The findings include: 1. The facility failed to ensure that written informed consent was obtained from Client #1 or his surrogate decision maker (family member) prior to the implementation of his Behavior Support Plan (BSP). Interview with the House Manager on March 10, 2009, during the entrance conference revealed Client #1's medication was used in conjunction with a BSP to manage the client's behaviors. Review of the client's habilitation record on March 10, 2009, verified that Client #1 had a BSP dated July 12, 2008. According to the BSP, Client #1 received psychotropic medications for hoarding and tantrumming/aggressive behaviors. Continued interview with the Acting Qualified Mental Retardation Professional (QMRP) on March 10, 2009 and record review at 2:45 PM revealed Client #1 was not capable of giving informed consent for the use of medications and habilitation services. The QMRP further revealed the client did not have a legal guardian to assist him in decision making, but he did have family involvement. At the time of the survey, there was no evidence that the facility's specially constituted committee ensured that written informed consent had been obtained for the use of Client #1's BSP that incorporated restrictive techniques. 2. The facility failed to ensure that written	W 263	W263 The behavior support plans will be discussed and reviewed with the legal representatives of Clients #1 and #2 at the same time the psychotropic drug regimens are reviewed. My Own Place will seek and obtain consent for both considerations at that time. In addition, any changes in the BSP for Client #1 or #2 will be reviewed and discussed with the legal representative prior to the implementation of such changes in non emergency situations. My Own Place's policy on restrictive controls outlines this and staff has been trained on the mandate. The Chairperson of the HRC, the Director of Programs/Quality and the QMRP all monitor compliance during routine audits and during HRC team meetings.	4.15.09 4.15.09 4.15.09

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W 263	Continued From page 9 informed consent was obtained from Client #2's legal guardian prior to the implementation of his Behavior Support Plan (BSP). Interview with the House Manager on March 10, 2009, at 7:38 AM during the entrance conference revealed Client #2's medication was used in conjunction with a BSP to manage the client's behaviors. Review of the client's habilitation record on March 10, 2009, at 3:30 PM verified that Client #2 had a BSP dated July 26, 2008. According to the BSP, Client #2 received psychotropic medications to address inappropriate touching of others and talking/comments that does not relate to reality (addressing imaginary people). Continued interview with the House Manager on March 10, 2009, revealed Client #2 was not capable of giving informed consent for the use of medications and habilitation services. The HM further revealed the client's parents were his legal guardians and assisted him in decision making. At the time of the survey, there was no evidence that the facility's specially constituted committee ensured written informed consent had been obtained for the use of Client #2's BSP that incorporated restrictive techniques.	W 263	See Response to 263 on page 9 of 13	
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure general and preventative care	W 322		

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W 322	Continued From page 10 services, for one of the two clients (Client #2) included in the sample. The finding includes: Review of Client #2's medical record on March 10, 2009, at 2:40 PM revealed a physical therapy assessment dated July 21, 2008. According to the assessment, the physical therapist recommended regular orthopedic follow-up of Client #2's cervical and lumbar spine and scoliosis. Further review of the assessment revealed the recommendation to purchase a Therma-pedic mattress and Therma-pedic pillow to ensure current postural conditions remained stable. Interview with the Director of Program and Quality Operations (DPQO) on March 10, 2009, at approximately 3:40 PM revealed that the mattress and pillow were not available. She further indicated the mattress had been ordered and provided an invoice for verification specifying delivering date of March 12, 2009. The pillow was purchased on the day of the surveyor and shown to the surveyors. The DPQO further stated that the team met on a monthly basis to review each client's records for recommendations, however at the time of the survey the facility failed to address client #2's recommendations timely.	W 322	W322 In compliance with the recommendation of the Physical Therapist's assessment a Tempra-pedic mattress and pillow has been purchased and placed in the bedroom of client#2. The Director of Program and Quality Operations in conjunction with the Director of Health Services will review all assessments to ensure the status of all identified recommendations is included in the QMRP and Nursing monthly notes. The QMRP, Residence Manager and Delegating nurse will continue to meet monthly and ensure that the records and all recommendations are thoroughly reviewed and followed up on as necessary during the monthly meeting. In addition, the Director of Programs and Quality and Director of Health Services will conduct routine program audits to ensure timely purchase and implantation of all recommended items as applicable.	3.27.09 Ongoing
W 436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.	W 436		

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W 436	Continued From page 11 This STANDARD is not met as evidenced by: Based on observation, staff interview and record verification, the facility failed to ensure the provision, training and maintenance of a client's adaptive equipment, for one (1) of two (2) sampled clients. (Client #1) The findings include: During the medication administration process on March 10, 2009 at 7:25 AM, Client #1 smiled broadly when the surveyor introduced herself. It was observed that he did not to have any upper teeth. According to the Medication Nurse he was prescribed upper dentures recently. Interview with the Acting Qualified Mental Retardation Professional (QMRP) on March 10, 2009 at 2:45 PM, revealed that Client #1 had been fitted and received his upper dentures in February 2009 (date unknown). The QMRP further revealed that client was provided with a Denture container to store his dentures when not wearing them. However, upon wearing them the first day to the day program he misplaced them. The acting QMRP indicated to her knowledge, Client #1 had not been trained on wearing, removal and storing of his dentures. Review of Client #1's medical and program records at 2:50 PM, verified that a training program for the wearing and storage of his dentures had not been instituted. Further record review failed to evidence arrangements had been made with the dentist to acquire replacement dentures. At the time of the survey, there was no documented evidence that provisions had been made for the repurchase and the training to wear and storing Client #1's dentures.	W 436	W436 An appointment for client#1 has been scheduled for April 9, 2009 to assess for denture replacement. A formal tolerance program will be developed by the QMRP once new dentures are obtained to assist Client #1 with gradually increasing his tolerance to wearing the dentures. Additionally, staff will monitor and assist with providing Client #2 the proper supports to store his dentures when he is not wearing them. A checklist will be developed for use in both home and day program to ensure that Client # 2s dentures are in his possession during transitioning to and from day program. Staff will receive formal training on wearing, removal and storage of dentures. The QMRP and Delegating RN will audit adaptive equipment on a monthly basis and report any issues discovered to the Director of Health Services for follow up.	4.9.09 5/1/09 5/1/09-Ongoing Ongoing

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	HFD03-0231	A. BUILDING _____ B. WING _____	03/10/2009

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I 000	INITIAL COMMENTS A re-licensure survey was conducted on March 10, 2009, utilizing the fundamental survey process. A random sampling of two male residents was selected from the residential population of four men with varying degrees of disabilities. The survey findings were based on observations in the group home and at two day programs, interviews with staff and the review of clinical and administrative records including the facility's unusual incident reports.	I 000		
I 091	3504.2 HOUSEKEEPING Housekeeping and maintenance equipment shall be well constructed, properly maintained and appropriate to the function for which it is to be used. This Statute is not met as evidenced by: Based on observations and interview, the facility failed to maintain the interior and exterior of the GHMRP in a in a safe, clean, orderly, attractive, and sanitary manner. The finding includes: Interview with the House Manager on March 10, 2009, at approximately 8:35 AM revealed the staff used the bathroom in the facility's basement. The surveyor requested to use the aforementioned bathroom at 8:45 AM and observed that the facility's basement bathroom did not have any hot water. Additionally, the porcelain in the sink was peeling and rusted. The House Manager verified that they were aware of the condition of the bathroom and that it had been reported and scheduled to be repaired.	I 091	L091 The hot water in the basement has been repaired and is functioning properly. The Vanity was replaced on 4.6.09. Equipment is noted to be functioning properly. The residence manager and QMRP will continue to conduct separate monthly audits of the physical environment and report issues uncovered to the Director of Programs who insures follow up via My Own Place's contracted vendors.	3.13.09 4.6.09 4/1/09-Ongoing

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I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties for two (2) of twenty eight (28) personnel records reviewed. The finding includes: Interview with the Acting Qualified Mental Retardation Professional (QMRP) and review of the personnel records on March 10 2009, beginning at 11:00 AM, revealed the GHMRP failed to provide evidence that current health certificates were on file for 2 of 14 consultants. (Consultants #1 and #2)	I 206	L206 Updated health certificates for the two consultants cited. My Own Place has developed and utilizes a tracking system for personnel file requirements and via its HR Coordinator, proactively notifies staff and consultants of upcoming issues or existing issues. In the future, My Own Place will deliver appropriate consequences for failure to ensure that all health certifications are submitted prior to expiration date.	3.12.09 Ongoing
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by:	I 422		

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I 422	Continued From page 2 Based on observation, interview and record review, the facility failed to ensure that outside services met the needs of one of the two clients (Client #2) included in the sample. The finding includes: A day program visit was conducted on March 10, 2009, beginning at 9:30 AM. Interview with Client #2's day program case manager revealed that the client had not arrived yet. Continued interview with the case manager revealed Client #2 participates in several counseling activities to teach him how to relate to his peers. Other activities included problem solving and community outings. According to the case manager the day program's focus was to teach the clients how to get along with other people. During the interview with the case manager it was revealed that Client #2 did not have an Individual Program Plan (IPP). The case manager (day program) was questioned if a comprehensive assessment had been conducted to assess Client #2's needs. He indicated that an assessment had been conducted when the client first started in the program, (approximately a year ago), however, he was unable to tell the surveyor what recommendations were made to address the client's needs. Review of Client #2's day program habilitation record revealed no evidence that the client had been assessed. The case manager showed the surveyor a copy of the client's "Community Activity Schedule (CAS)." The review of the CAS revealed "Safety Issues, Medication Complainant & Health Education were the topics scheduled to be discussed at 10:30 AM.	I 422	L422 The consultant QMRP and DDS Service Coordinator and Director of Programs and Quality visited the existing day program and recommended modifications as necessary to better address client#2's needs. In addition, the DDS Service Coordinator has agreed to conduct weekly monitoring visits in conjunction with the Consultant QMRP and/or Director of Programs and Quality to ensure that the appropriate supports and/or ISP recommendations, per IDT consensus are being implemented for Client#2. On an ongoing basis, QMRP will visit the day programs monthly and/or as necessary to ensure that the needs of the individuals are being met. Alternative day program opportunities will be explored if deemed necessary documentation of the day program visits will continue to be incorporated into the QMRP monthly	3.13.09-Ongoing

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I 422	Continued From page 3 At 10:22 AM, unknown to the surveyor, Client #2 had arrived and was observed standing with his coat on near a hallway in an open space area. Approximately ten to fifteen of his peers was observed to be sitting in this open space area with a TV on. At approximately 10:24 AM, the day program social worker was overheard announcing "group was about to start." Additionally, the social worker announced that they were going to continue the series on Post Traumatic Stress Disorder (PTSD). One of the day program staff asked Client #2 to have a seat and to take off his coat. The client was observed to take his coat off independently and to sit with his peers. The social worker asked the clients what was two characteristics of PTSD? Although other clients were overheard participating in answering the question, stating trouble sleeping, flashbacks and nightmares, Client #2 seem to have no interest in the group. It should be noted that the client was interested in a young lady sitting on the row with him. The Social Worker continued the group using a scenario, however failed to encourage Client #2 to participate in the discussion. Client #2 was observed to sit and stare at this young lady throughout the observation, and attempted to get her attention. As the surveyor was leaving the day program she overheard the social worker finally call Client #2's name to redirect his participation in the group discussion. Further interview with the day program case manager and review of Client #2's day program habilitation record revealed a monthly progress note dated December 31, 2008. According to the note Client #2's level of active participation in "one to one sessions, groups and other program activities remain poor." Additionally, the note	I 422	See response to L422 on page 3 of 6.	

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I 422	Continued From page 4 indicated that the client's level of communication, socialization and interaction with others continued to be fair in the course of this month. Interview with the Program Director and Quality Operations (DPQO)and acting QMRP on March 10, 2009 at approximately 3:00 PM revealed that the previous Qualified Mental Retardation Professional (QMRP) had identified that Client #2's current day program was not appropriate. The DPQO indicated that the former QMRP had talked with the client's case manager, however the case manager left prior to submitting a referral for another day program. Continued interview with the DPQO verified that Client #2 was in need of an alternative day program placement and proceeded to contact the client's current case manager to schedule a case conference. At the time of the survey, the facility failed to ensure Client #2's need for alternative day program placement was addressed timely.	I 422	See response to L422 on page 3 of 6.	
I 432	3521.7(c) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care); This Statute is not met as evidenced by: Based on observation, staff interview and record verification, the facility failed to ensure the provision, training and maintenance of a resident's adaptive equipment, for one (1) of two (2) sampled resident. (Resident #1)	I 432	Response to L432 on page 6 of 6.	

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I 432	Continued From page 5 The findings include: During the medication administration process on March 10, 2009 at 7:25 AM, Resident #1 smiled broadly when the surveyor introduced herself. It was observed that he did not to have any upper teeth. According to the Medication Nurse he was prescribed upper dentures recently. Interview with the Acting Qualified Mental Retardation Professional (QMRP) on March 10, 2009 at 2:45 PM, revealed that Resident #1 had been fitted and received his upper dentures in February 2009 (date unknown). The QMRP further revealed that client was provided with a Denture container to store his dentures when not wearing them. However, upon wearing them the first day to the day program he misplaced them. The acting QMRP indicated to her knowledge, Resident #1 had not been trained on wearing, removal and storing of his dentures. Review of Resident #1's medical and program records at 2:50 PM, verified that a training program for the wearing and storage of his dentures had not been instituted. Further record review failed to evidence arrangements had been made with the dentist to acquire replacement dentures. At the time of the survey, there was no documented evidence that provisions had been made for the repurchase and the training to wear and storing Resident #1's dentures.	I 432	L432 An appointment for client#1 has been scheduled for April 9, 2009 to assess for denture replacement. A formal tolerance program will be developed by the QMRP once new dentures are obtained to assist Client #1 with gradually increasing his tolerance to wearing the dentures. Additionally, staff will monitor and assist with providing Client #2 the proper supports to store his dentures when he is not wearing them. A checklist will be developed for use in both home and day program to ensure that Client # 2s dentures are in his possession during transitioning to and from day program. Staff will receive formal training on wearing, removal and storage of dentures. The QMRP and Delegating RN will audit adaptive equipment on a monthly basis and report any issues discovered to the Director of Health Services for follow up.	4.9.09 5/1/09 5/1/09-Ongoing Ongoing